

**Primary Healthcare Implementation Advisory Board  
(CareNet Consortium Recommendation)**

At the July 14, 2005 meeting of the Primary Healthcare Implementation Advisory Board, the recommendations of the CareNet Consortium were reviewed. A number of questions arose and staff was directed to work with CareNet to compile responses.

**Questions and Responses**

**Option 1: Women Health Services at Bond Community Health Center**

| A Summary of CareNet Recommendations |                       |                    |                      |
|--------------------------------------|-----------------------|--------------------|----------------------|
| Option 1                             | Women Health Services | One Year Franchise | Three Year Franchise |
|                                      |                       | \$337,240          | \$1,011,720          |

1. Please explain the use of the Medicaid generated revenues under this program.

Answer: *Medicaid revenues produced under this program will be put back in to the service by hiring support staff necessary for a successful program which includes a Health Educator/Nutritionist and the salary for the Nurse-Midwife. HRSA's Direct Medical Support Ratio and Front Office Patient Support Ratio will be used as the staffing standard.*

*Revenues will also be utilized to pay the fringe benefits for the full time employees such as the LPN, Outreach Worker and Case Manager, as well as supplies, marketing and outreach cost and labs for those uninsured children and pregnant women.*

*Further, program revenues will be used, to the extent possible, for GYN services. For the first year, we estimate that we will be able to fund 5 hysterectomies at \$1,500; 10 conizations at \$500 each; 10 LEEP at \$500 each; 12 laparoscopy at \$1,100 each; and 20 colposcopy at \$300 each.*

2. Please describe how candidates for the extra or additional services are going to be selected? What will you do when the number has been reached or Medicaid funds are exhausted?

*Answer: Candidates for additional GYN services will be selected on the basis of condition severity and medical judgment, dependent on the availability of funds. Bond CHC will continue to seek permanent program funding.*

- 2. Experience indicates that approximately 10-15% of maternity patient are not Medicaid members throughout the pregnancy period. Please provide a projection of your anticipated Medicaid revenues for women and children under this program. Please break out your projection by Maternity, Women, and Children.**

*Answer: Bond projects total Medicaid revenue of \$209,760 from the program during the first year of operations. The estimate is based on 2100 prenatal/postpartum and well child visits and 400 pediatric visits. Revenues from pregnant women will total \$171,360 and pediatric will total \$38,400. Revenues utilized for other women will be for those who are uninsured. Bond will provide services from revenues as follows:*

|  |                   |
|--|-------------------|
| <i>15% (315) uninsured prenatal visits at \$96 each</i>  | <i>= \$30,240</i> |
| <i>20% (100) uninsured pediatric visits at \$96 each</i> | <i>= \$ 9,600</i> |
| <i>Fringes for full time staff</i>                       | <i>= \$14,790</i> |
| <i>Midwife salary</i>                                    | <i>= \$33,280</i> |
| <i>Health Educator/Nutritionist salary</i>               | <i>= \$10,400</i> |
| <i>GYN Surgeries</i>                                     | <i>= \$36,700</i> |
| <i>Supplies</i>  | <i>= \$ 5,000</i> |
| <i>Marketing and Outreach</i>                            | <i>= \$16,500</i> |
| <i>Labs and ultrasounds for uninsured women</i>          | <i>= \$47,250</i> |
| <i>Labs for uninsured children</i>                       | <i>= \$ 6,000</i> |
| <i>Total</i>   | <i>\$209,760</i>  |

- 4. The community appears to have a very high rate of infant mortality. What is Bond's plan and how does it affect or address infant mortality?**

*Answer: Bond will provide comprehensive, continuous perinatal care to reduce infant mortality, low birth weight, and the rate of late or no prenatal care. Marketing and Outreach efforts will get women into care early. Health and nutrition education etc. are all means that enable us to address infant mortality. In addition, considering that these services are not currently provided at Bond, it is factual that the addition of staff and services addresses the issue of infant mortality and low birth weight.*

5. Option 1 calls for an On-call fee of \$200 per hospital visits, Vaginal Delivery, and C-sections. Is the money going to pay physician fees, in addition to the physician's hourly rate?

Answer: *Yes.*

6. In a plan to provide maternity services, hospital delivery arrangements must be addressed by contract or by the physician having staff privileges at the hospitals. Do you have a written agreement with an OB physician group or an OB physician (with back-up coverage) who has admitting privileges at TMH or CRMC?

Answer: *Physician(s) with whom Bond contracts will have admitting privileges at Tallahassee Memorial Hospital and/or Capital Regional Medical Center, or both, and will have back-up coverage.*

7. What happens after three years when the County funds go away?

Answer: *Bond will continuously seek permanent funding for the program. If funding cannot be obtained, then the program will cease.*

8. Does Option 1 permit the needs of the entire county to be addressed?

Answer: *Yes, Bond currently serves a general patient base from all Leon County Zip Codes, plus the surrounding counties such as Wakulla, Gadsden and Jefferson. Bond will utilize its transportation van to transport pregnant women.*

9. Would \$318,000 (as in the MGT Core Services Model) be acceptable?

Answer: *No. This is the recommended funding amount for the MGT "Core" model. As noted by MGT of America, Inc., the "Comprehensive Model" would be "the most effective organizational model for the Bond/Leon WHSP".<sup>1</sup>*

10. As has been previously discussed and agreed, in principle, that for FY 05-06, both Bond and NHS will be compensated on a per visit basis. The County anticipates continuing compensation on a per visit basis under this program, except for maternity cases, which will be compensated on per case basis. Is this compensation arrangement satisfactory?

Answer: *No. Fee for Service suggest that funding is paying for visits instead of salaries. The Bond proposal is for staffing needs and cannot be based on*

---

<sup>1</sup> Women's Health Study, January 2005, page xi, Executive Summary.

*fee for service. If so, then Bond will have to pay its providers based on fee for service which ultimately impact employee morale and is a turn off for any medical practitioner.*

**11. Is Bond retracting the letter submitted?**

*Answer: No. Bond is not retracting the letter, but clarifying it.*

**Option 2: Combination of Health Services**

| A Summary of CareNet Recommendations |                              |           |           |             |
|--------------------------------------|------------------------------|-----------|-----------|-------------|
| Option 2                             | Health Services Combination: |           |           |             |
|                                      | 1. Adult Dental              |           | \$300,000 |             |
|                                      | 2. Mental Health             | \$342,800 |           |             |
|                                      | 3. Diabetes Monitoring       |           | \$216,000 |             |
|                                      | 4. Transportation            |           | \$75,000  |             |
|                                      | 5. Mental Health Medications |           | \$100,000 |             |
|                                      |                              |           |           | \$1,033,890 |

**1. What happens when the three years are up and the County funds go away?**

*Answer: The services are to be provided on a first come, first served, qualified patient basis, and once we have served the number of people for which we have funding, we will stop those services until the next funding cycle. It is common for organization to receive start up or seed money to begin a project, then use the data from the project to show results and sustainability and find a more permanent source of funding for the long term. During the three years of funding, the CareNet Consortium will continue to look for permanent funding for the programs.*

**2. What happens when the patient caps on each of the services are met?**

*Answer: The services will be provided on a first come, first served, qualified patient basis, and once we have served the number of people for which we have money, we will stop those services until the next funding cycle*

**3. Instead of trying to provide several services, why not try to form one service?**

*Answer: The CareNet Consortium came up with the ideas as a roundtable discussion with representatives of each provider prioritizing the needs of the community from their individual perspectives.*

**4. How does the Combination of Health Services Option affect infant mortality?**

*Answer: The answer to the problem of Infant Mortality has not yet been determined. CareNet Partners are all health care providers who, in our direct service, created a proposal based upon the need we see in the healthcare community for low income, uninsured population we serve. The CareNet Consortium did not focus primarily on infant mortality. However, we believe that poor dental care and lack of mental health are two factors that can negatively impact the successful outcome of pregnancy.*

**5. Does Option 2 supplement other diabetes programs in the Community?**

*Answer: Through the FAMU-Health Department Pharmacy and the medications programs at Neighborhood health services and the WeCare Network, CareNet Partners are able to help diabetic patients obtain medications and monitor machines. However, the most expensive component in regular care of diabetes is the strips used by the machines to monitor blood sugars. There are no programs through which these supplies can be purchased, obtained at a reduced rate or obtained as a donated item.*

**6. What is the biggest need in the Community? Can the committee get records of what types of patients are being seen?**

**Existing Clients by Facility<sup>2</sup>**

**Patient Demographics – Neighborhood Health Services**

| Age Groups | Main Campus |            | Off-Campus |            |
|------------|-------------|------------|------------|------------|
|            | Number      | Percentage | Number     | Percentage |
| 0-2        | 0           |            | 0          |            |
| 3-9        | 77          | 0.74%      | 81         | 0.78%      |
| 10-19      | 162         | 1.56%      | 199        | 1.91%      |
| 20-29      | 1,029       | 9.88%      | 1,743      | 16.73%     |
| 30-39      | 957         | 9.19%      | 1,380      | 13.25%     |
| 40-49      | 1,159       | 11.12%     | 1,421      | 13.64%     |

<sup>2</sup> MGT Supplemental Study. Women's Health Study. March 2005.

|                |        |        |       |        |
|----------------|--------|--------|-------|--------|
| 50-59          | 696    | 6.68%  | 898   | 8.62%  |
| 60-69          | 207    | 1.99%  | 315   | 3.02%  |
| 70-79          | 37     | 0.36%  | 57    | 0.55%  |
| Sub Total      | 4,324  | 41.51% | 6,094 | 58.49% |
| Total Patients | 10,418 |        |       | 100%   |

**Patient Demographics – Bond Community Health Center**

| Age in Years | Male   |            | Female |            |
|--------------|--------|------------|--------|------------|
|              | Number | Percentage | Number | Percentage |
| 0-2          | 80     | 1.04%      | 73     | 0.95%      |
| 3-9          | 156    | 2.04%      | 176    | 2.30%      |
| 10-19        | 236    | 3.08%      | 441    | 5.76%      |
| 20-29        | 631    | 8.24%      | 1,275  | 16.65%     |
| 30-39        | 428    | 5.59%      | 763    | 9.97%      |
| 40-49        | 567    | 7.41%      | 913    | 11.93%     |
| 50-59        | 410    | 5.36%      | 715    | 9.34%      |
| 60-69        | 184    | 2.40%      | 391    | 5.11%      |
| 70-79        | 56     | 0.73%      | 161    | 2.10%      |
| Sub Total    | 2,748  | 25.89%     | 4,968  | 47.41%     |
| Total        | 7,656  |            | 10,418 | 100%       |

**7. Is WeCare doing a dental program?**

Answer: *The WeCare Network operates Project Dental Care which has 25 volunteer dentists and 22 available patient slots per month. However, this does not meet the needs of the community. Project Dental Care has capped the number of patients to avoid excessive waiting lists. Further, there are no dentists in this area that accept Medicaid for Dental Care.*

**8. "Persons living in Leon County who are under the age of 65, uninsured and having an annual income at or below a specific multiplier or percentage of federal poverty levels are eligible to be funded by the Primary Healthcare MSTU".<sup>3</sup> How will you handle patients who are eligible for or covered by Medicaid?**

Answer: *If any of the patients have Medicaid, we will bill Medicaid directly and not draw down money for Medicaid patients from the County. Medicaid revenues would be used to keep the programs operational.*

<sup>3</sup> Leon County Ordinance 01-13, The Primary Health Care Municipal Services Taxing Unit.

**Option 3. Primary Care Clinic for the uninsured and disadvantaged at  
TCC Health Education Center**

| A Summary of CareNet Recommendations |                                      |             |  |             |
|--------------------------------------|--------------------------------------|-------------|--|-------------|
| Option 3                             | Health<br>Education<br>Center Clinic | \$1,000,000 |  | \$1,000,000 |

**TCC Health Education Center**

The site of the 72,000 sq. ft. facility is to be centrally located within Leon County relatively equal distant from Capital Regional Medical Center and Tallahassee Memorial Hospital on acreage immediately to the east of Goodwood –Museum and Gardens at 1600 Miccosukee Road.

The facility will be a community based health care center that will support education, training and service needs of the established medical community while continuing to increase the number of TCC graduates entering the high demand health care occupations.

The mission of the TCC Health Education Center is to provide exemplary healthcare education, training and experience of present and future health care employees for the healthcare industry of Leon and surrounding counties. TCC envisions expanding or adding the following healthcare programs: Additional Nursing Certificate programs, Mammography, CTMRA, Sleep Diagnosis, EMG Flight Medicine and Critical Care, Well/fitness Center, Virtual Hospital, and physician Clinic.

The Center will also serve as a regional facility to provide general health education, health care services, emergency health education and mass emergency preparedness education; to serve as the Southeast Regional Mass Medical Service Center. This is to be a unique facility for the purpose of housing unique equipment, offices, laboratory, and classrooms.<sup>4</sup>

<sup>4</sup> Derived from information provided by Tallahassee Community College, Vice President for Administrative Services and CFO. Glendon Forgey, Ed. D., CPA

**1. Who is going to operate the Clinic?**

*Answer: Both Bond CHC and Neighborhood Health Services were queried as to their interest in operating/managing a clinic at the TCC Health Education Center. Both Bond and NHS have responded positively. Further, NHS responded that they are currently restricted from further growth by space and hours of operation by the landlord constraints of the City of Tallahassee. Bond has also expressed concerns about space limitations.*

**2. What is the long term funding source of the Clinic?**

*Answer: Bond and NHS are currently receiving funding through the County's Primary Healthcare Program. County funding is expected to continue.*

**3. Is this a clinic for ongoing routine primary care?**

*Answer: The clinic will provide ongoing routine primary care. In addition, it is anticipated that the Clinic would receive referrals of non-emergent patients from hospitals' emergency departments. CRMC and TMH may institute hospital emergency department diversionary programs as authorized by Section 395.1041(7) F. S.*

**4. Please provide clarification of the term "Leverage" for the Health Education Center in the legislative session.**

*Answer: Tallahassee Community College has previously applied for funding from the State of Florida and maintains a high funding priority. County funding "would be of great assistance to TCC" and it is understood "that funding from a local government entity is eligible for state matching funds."<sup>5</sup>*

**5. Will the Clinic case manage to find primary care homes for patients?**

*Answer: Yes. The Clinic would provide case management and social services that would work with the patient population to establish a primary care medical home.*

**6. How is the proposed Clinic going to affect women's health services?**

*Answer: The Clinic would be centrally located within the County and would provide primary health care services to all eligible patients, including age specific and gender specific primary and preventive healthcare services.*

---

<sup>5</sup> Tallahassee Community College, Vice President for Administrative Services and CFO, Glendon Forgey, Ed. D., CPA



**7. Can we get funding from the Hospital and the City for the learning center Clinic?**

*Answer: Additional funding will be sought from hospitals, the City of Tallahassee, from Grants, foundations and other funding sources.*